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FOREIGN SERVICE DESPATCH

FROM : American Consulate General
Dhahran, Saudi Arabia

TO : THE DEPARTMENT OF STATE, WASHINGTON.

44
DESP. NO.

Sept. 14, 1955
DATE

NEA/123 McClanahan, Grant V.

REF : AMCONGEN Dhahran Despatch No. 30 of Sept. 7, 1955

	ACTION	DEPT.
For Dept. Use Only	NEA	AMEmb. London / ob-6 EUR-5 IC/A-16 A/Rep. Doha
	REC'D 9/19	INFO OTHER HEW-5 Army-7 Cec-7 London-1 Kuwait-1

SUBJECT: Medical Services in the Shaikhdom of Qatar Damascus-1 Beirut-1 Cairo-1 Jidda-1 Baghdad-1 Amman-1

During a visit to Doha, the capital of Qatar, on August 27 to 29, 1955 by Consul and Mrs. McClanahan Mrs. McClanahan expressed an interest in the medical services existing in Qatar. British Political Agent Carden and his wife were helpful in arranging opportunities for her to visit a hospital and talk to people engaged in Qatar's medical program. As her account indicates, this program is new but extensive and continually expanding.

The enclosed memorandum was prepared by Mrs. McClanahan as a summary of her observations and what she was told on the subject of medical facilities and conditions.

Enclosure:
Memorandum on Medical services in Qatar

For the Consul General

Grant V. McClanahan
Consul

DEPARTMENT PLEASE PASS TO:
AMEMBASSY LONDON
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MEMORANDUM

Subject: Medical Services in Qatar

Having heard that I was interested in medical services, the Cardens had arranged two opportunities for me to gain an insight into government services in Qatar during my visit to Doha from August 27 to 29. They had invited a Lebanese husband and wife doctor-team in "for drinks" and even arranged the seating so that I should have an excellent chance to ask all the questions I desired of Mrs. Murś(phonetic). The Murśs have been in Qatar only three months, and during most of this time both of them have done only house calls. The information from this conversation I include in the outline of the total medical program as far as I was able to learn about it. On my second morning I was conducted on an hour's tour of the hospital by the assistant matron, the matron herself being hospitalized at the time. Sister Beebe O'Keefe said that she and the matron had come to Qatar eighteen months ago to run the hospital. It was a much smaller building then, and in terrible condition. The first weeks they had spent scrubbing the sputum and feces off the walls. They found people were most reluctant to use modern medical services, therefore an active program to familiarize the community with the nurses and doctors was initiated. They often walked around the town, visited the markets, etc. wearing their uniforms so that they would become familiar figures in the local scene. In the beginning the only patients that were brought to the hospital were moribund. If the staff did anything with the patient and he died, the hospital would be blamed, Miss O'Keefe said, but if he recovered the people would say it was the will of Allah. Now after only eighteen months their medical services are widely accepted, and patients are daily turned away because of the shortage of beds, despite the addition of several wings to the hospital. A new $9,000,000., 120 bed hospital is nearing completion and a tuberculosis hospital is being talked about.

At present all medical services in Qatar are government provided and free. In addition to the 90-odd bed hospital which I visited there is a dispensary in the "suburbs" of Doha and a clinic with a full time doctor about fifty miles away. A mobile unit is being outfitted and it will operate with a doctor and nurse on a regular schedule to the villages, returning each night to Doha. There are two teams of doctors who devote their full time to house calls. Miss O'Keefe said that when the new hospital is completed the present hospital will probably be used for a women's hospital, and that there are certainly enough patients for both. The existing hospital is located in the center of town about two blocks east of the Political Agency and near to the bazaar section. It would certainly be more convenient for the women patients than the new hospital which is in the suburb of Ali, about a mile out of town. The new hospital will be in sharp contrast to the old in that nearly all the rooms are single rooms, air conditioned, and equipped with radios. There will be some four-bed wards. In the existing facilities the accomodations

Pauli McClanahan/pmc

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are nearly all in wards with as many beds as can be squeezed into the room. Most are air-conditioned for only eight out of twenty-four hours.

The Director of Medical Services for Qatar is British and heads one of three departments under the Political Adviser's office. the head surgeon, and, I believe, the chief anesthetist and the head of the hospital are also British. Most of the rest of the personnel are Indian, both the nurses and doctors. An Indian husband wife doctor-team head the obstetrical section, and of course, the doctors Muré, mentioned earlier, are Lebanese. In addition to the Murés there is another team of doctors assigned to do housecalls, and so each team is on duty twelve hours a day. Mrs. Muré said that she found the system of referring patients to the hospital but not being able to follow them up once they were there very frustrating. She was convinced that a doctor learns much by seeing the patient through the entire illness, and she also thought the shift must be difficult for the patient. Her husband has several beds in the hospital to which he can send patients, so he is able to follow up on some of his cases. In light of the strong prejudice against women even going out of the house, it is interesting that there are in the hospital four Qatari women attendants, veiled, of course, and the assistant matron even looks forward to the time when they can have some school of nursing. In general male doctors treat the men, and women M.D.'s , the women, but the surgeon treats both and the dispensary and obstetrical department use men and women doctors interchangeably.

The many users of the medical facilities are a varied lot. Miss O'Keefe said that one morning she did a spot check to see where the patients were from and found that only two of the thirtyfive hospital patients she checked were natives of Qatar. I supposed that Saudi Arabia being the only country contiguous with Qatar, supplied a large part of these foreign patients, but Miss O'Keefe said that in her time there she could remember only two Saudi patients. Many come from Bahrain. Others are locally resident Pakistanis, Indians, Omanis, and Muscatis. The wife of the Sultan of Muscat had recently come to this hospital to have a baby. We went into one of the private rooms, and the nurse asked us if we could smell the incense. She explained that the Sultan's wife had burned incense and that the odor lasted even after curtains and bedding were washed and sunned for a whole day. This room was part of a small block of private rooms which are generally used for Western patients, but there is increasing pressure that they be made availabile to important Qatari patients. A visit to the dispensary is a popular social occasion, especially for the women and many come who are not sick. Dr. Muré said that when she was doing dispensary work she would see more than a hundred "patients" in an hours, but only four or five of them would really have anything wrong with them, and these were always easy to spot. She said that all the people want to have injections now, and have no confidence in pills or doses of liquid medicine. The poorer patients are often hesitant to ask for house calls, Dr. Muré said, and will go to their local shaikh and ask him to call the doctor for them. QPC has its own clinics in the oil towns of Dukhan and Umm Said with a few rooms, but it is the company's policy to send their intermediate and senior staff patients who require serious or long term treatment to

Kirkuk in Iraq. The Shell Co. has its own medical director, but I was not able to learn anything about their program.

Sister O'Keefe estimated the 70% of the maternity cases are delivered at the hospital. The hospital sees the woman early in pregnancy, and requires that she come back for a check-up ten days after birth, but there is no reward, such as a layette, offered to induce the women to have their babies in the hospital. The richer people still prefer to have their babies at home. Since such a high per centage of the births are in the hospital there are not many mid-wives practicing in Qatar, and there is no program of mid-wife training as there is in many other parts of the Middle East. However, there are a few mid-wives, and they are familiar with the hospital care, for they come there to be delivered themselves and they refer their more difficult patients to the hospital. The women of Qatar have had a universal but very unfortunate custom of packing the vagina of the new mother with salt and sand. This produces massive scar tissue which makes impossible dilation of the cervix in subsequent births. Miss O'Keefe said that they still find that some of their mothers are subjected to this custom when they return home from the hospital. In the early days of the hospital the obstetrical staff was very puzzled by this condition of the cervix and were anxious to know what had caused the scars they repeatedly found. They visited the mid-wives, talked with them about their work and learned of the sand-salt "treatment." One of the Indian obstetricians, a man of some size, was questionning a fraid, elderly mid-wife about what she did to assist these women who could not deliver their babies normally. Before he realized what she was doing she had grabbed him up "piggy back" with his legs around her waist. She then violently jounced him in a vivid demonstration of Qatari obstetrical technique.

The social mores condemning illegitimate births are as strong with Qataris as with the other Bedouin peoples. The mother is immediately killed. In one of the offices a tiny baby slept in a bassinette beside the desk. He had club feet, and was to be operated on when he was old enough. Miss O'Keefe explained that he was an illegitimate child whose mother had come to the hospital and given birth to him without her people knowing anything about the pregnancy. Even so, for her safety she had to leave the country. The hospital staff took up a collection for her, and one night she simply slipped away probably going by dhow down to Muscat.

In this part of the world the arrival of modern medicine and its standards of medical practices impinges repeatedly on local customs. One of the most troublesome conflicts to the nursing staff is the custom of several members of the patient's family moving into the hospital with him complete with cooking utensils and small stove. In Bahrain, for example, the government hospital forbids this, where as the Mission hospital has a more liberal policy and feels that this is one strong reason why people prefer to come to them. In Qatar, of course, the problem arose, and the families were forbidden to move into the hospital with the patient. One night a woman with a serious heart condition was brought into the hospital. About midnight when Miss O'Keefe was checking the patient again she found some twenty veiled and masked women squatting around the small room. She

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explained the seriousness of the patient's condition and told the women they would have to leave. They continued to sit, and no argument would move them. At last, the matron said she could no longer be responsible for the patient's welfare if the friends would not leave, and she picked up her cardiograph, hypodermics, etc. and started to leave the room. At this the women left. The next morning the Adviser came to her and said t that she had "kicked out" one of the Ruler's wives and would certainly have to go to the palace and make her apology. Miss O'Keefe said that she was only following the rules of the hospital, the patient was in a serious condition, and that she would make no apology. The Adviser left but returned after another visit to the palace to urge her strongly to go and make apology to the Ruler. Again she refused saying that she was following the high standards of medical care which she had been taught, and if the Ruler didn't want this kind of care in Qatar she would leave. The Adviser left again for the Palace. When he returned the third time he waved triumphantly a list of visiting hours which the Shaikh of Qatar had made out, and these are the hours which are firmly observed as the visiting hours today.

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FOREIGN SERVICE DESPATCH

FROM : American Consulate General, DHAHRAN 64
DESP. NO.

TO : THE DEPARTMENT OF STATE, WASHINGTON.

August 13, 1958
DATE

REF : Dhahran's Transmittal of Confidential Despatch No. 63 of August 13, 1958 to the American Embassy, Baghdad

	ACTION	DEPT.
For Dept. Use Only	REC'D 8/25	INFO OTHER

SUBJECT: Tuberculosis Survey in Qatar

In the past fifteen months about one-half the population of Qatar, 18,000 adults and over 800 children, have been tested for tuberculosis. The Gulf Daily Times for August 3, 1958 reports that the survey had two main objects. The first was to discover the incidence of primary tuberculosis infection in Qatari school children by means of the Mantoux Test. The results show that 70% did not receive a primary tuberculosis infection in childhood, and it is a fair assumption, therefore, that most children and many young adults have not acquired some immunity against T.B.

The second object was to test the incidence of adult T.B. by Mass Radiography. In Doha 506 had T.B. out of 13620 X-rayed, and in the oil communities 27 out of 2912, and in the desert villages 24 out of 1878 - i.e. 3.7%, 0.92% and 1.27% respectively.

The high incidence in Doha is of special interest, and it was found that T.B. was prevalent equally between the two main population groups, first local Qataris and second Persians and Persian Gulf Arabs.

A principal factor in spreading T.B. in Doha is the virtually unrestricted flow of work-searching immigrants who move in and out at the rate of about 1,000 a month. Some come with tuberculosis for treatment, and others soon succumb to the infection because of a poor diet, insanitary and overcrowded conditions, poverty and physical exhaustion.

They produce about 30 cases a month. Most are early cases and do not see a doctor. The immigrant coolies thus constitute a serious reservoir for the spread of the disease.

Amongst Qatari Arabs the incidence is mainly among the poorer classes whose principal diet of rice, bread and dates is deficient in proteins, fats and vitamins, and rarely contains such foods as eggs, butter, cheese, milk, fresh fruit and vegetables. Moveover, most young Qataris, not having received a primary infection, succumb more easily to infection.

By contrast, the much lower incidence of tuberculosis in Umm Said and Dukhan can be explained by medical examination prior to employment; adequate feeding provided by the Company; lack of over-crowding and the discharge of employees found to be suffering from the disease. Thus the chance of the disease becoming

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established and spreading are closely confined.

The desert communities live in widely scattered groups where there is little over-crowding, and these days consist of women and children and a few old men. The comparatively low incidence of tuberculosis may be attributed to the absence of coolie immigrants, a more varied diet, physical inactivity and a generally higher standard of health than is to be found among the population of Doha.

FOR THE CONSUL GENERAL:

Ralph K. Lewis
American Consul

Department please pass to:
Amembassy, JIDDA
Amconsulate, KUWAIT
Amembassy, LONDON

Central File: Decimal File 886F.55, Internal Economic, Industrial And Social Affairs., Qatar, Public Health. Diseases., September 14, 1955 - August 13, 1958. September 14, 1955 - August 13, 1958. MS Persian Gulf States and Yemen, 1950-1959: Record Group 59: General Records of the Department of State, Central Classified Files, Kuwait (86D), Muscat and Oman (86E), Qatar (86F), the Trucial Sheikhs (86G), and Yemen (86H). Internal Political, National Defense, Economic, Industrial, Social, and Ot. National Archives (United States). Archives Unbound, link.gale.com/apps/doc/SC5108517848/GDSC?u=uagm&sid=GDSC&xid=3f3c560e&pg=1. Accessed 8 Apr. 2021.